



State of New Hampshire 2005 NON PROFIT REPORT

REPORT DUE BY December 31, 2005

Filed
Date Filed: 12/30/2005
Business ID: 125727
William M. Gardner
Secretary of State

SEWALL FARM COMMUNITY ASSOCIATION, INC.

% ROBIN LINDLEY , 1 LADYSLIPPER DR
NEWMARKET , NH 03857

ADDRESS OF PRINCIPAL OFFICE:

% ROBIN LINDLEY , 1 LADYSLIPPER DR
NEWMARKET , NH 03857

REGISTERED AGENT AND OFFICE: (foreign only)

ENTITY TYPE: NONPROFIT

BUSINESS ID: 125727

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 000000000

SERVE,PROMOTE RECREATIONAL INTEREST OF OWNERS OF HOUSE
LOTS/CONDOMINIUM UNITS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address C/O LEO MANSEAU, PO BOX 309, NEWMARKET, NH 03857

☒ The new principal office address C/O LEO MANSEAU, PO BOX 309, NEWMARKET, NH 03857

PO Box is acceptable.

OFFICERS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. LEO MANSEAU

STREET PO BOX 309

CITY/STATE/ZIP NEWMARKET NH 03857

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by president or other officer.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: LEO MANSEAU

Please print name and title of signer: LEO MANSEAU / DIRECTOR

NAME TITLE

FEE DUE: \$25.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529